

Child Care Assistance Change in Status Reporting Form

Any changes in employment, household members, marital or school status, child care arrangements or a change in child care providers must be reported to Child Care Services in writing within 10 days. Failure to report changes may result in an overpayment of benefits which are subject to recovery by the Division of Child Care Services.

For your convenience, you may report changes using this form. If you need additional room you may use the back of this form or attach a separate sheet of paper.

Name printed: _____

Address: _____ **Telephone number:** _____

☐ **Employment Change**

Last place of work _____ Date employment ended _____

Current employer _____ Date employment began _____

(For each new place of employment, attach a signed statement from your employer indicating the number of hours per week you will be working and the rate of pay per hour.)

What days of the week do you work? (circle all that apply) Mon Tues Wed Thurs Fri Sat Sun

What times do you work? (example 8am-5pm) _____

☐ **Household Member Change**

Name _____ Date of Birth _____ Relationship _____ ☐ Adding ☐ Removing

Name _____ Date of Birth _____ Relationship _____ ☐ Adding ☐ Removing

☐ **Marital Status Change (Please Explain)**

☐ **School Status Change**

Place of Education or Training _____ Starting Date _____ Ending Date _____

(Please attach an official copy of your school schedule indicating days of the week and start and end time for each class.)

☐ **Child Care Provider Change**

Name of new provider: _____ Provider Phone: _____

Provider address: _____ City: _____

Provider ID Number _____ Cost of care per child: \$ _____

Type of provider (circle): **Regulated** **In-Process** **In-Home** **Informal Care** **Relative (list relationship to child)** _____

Does this provider care for all your children? ☐ Yes ☐ No (if no, list those cared for): _____

What days and hours does this provider care for your children? _____

When did the provider begin caring for your children? _____

On what date did your previous child care provider stop providing care? _____

Mail, Fax or E-mail Completed Form to:
Child Care Services, Department of Social Services, 910 E. Sioux Avenue, Pierre, SD 57501-3940
Fax: (605) 773-7294 E-Mail: CCS@state.sd.us